

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016973

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2374

STATE FILE NUMBER

FILED MAY 13 1963

## 1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN KANSAS CITY

Length of stay in 1b

10 yrs.

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VA HOSPITAL

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY

OR

TOWN KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET

(if outside, give location)

ADDRESS 4238 E. 61st

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

HARRY

Middle

MARTIN

Last

HALL

4. DATE

OF

DEATH

Month

APRIL

Day

19,

Year

1963

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11-28-99

## 9. AGE (last birthday)

63

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Electrician

## 10b. KIND OF BUSINESS OR INDUSTRY

Macon, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Perry Hall

## 13b. MOTHER'S MAIDEN NAME

Mary A. Brown

## 14. NAME OF HUSBAND OR WIFE

Eileen Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

Yes

WWII

## 16. SOCIAL SECURITY NO.

2

## 17. INFORMANT Eileen Hall Address (Wife)

VA HOSPITAL OFFICIAL RECORDS, K. C. MO.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

PULMONARY EMPHYSEMA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Marked electrolyte imbalance

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY; (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA attended the deceased from 4-16-63 to 4-19-63  
Death occurred at 10:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Roger P. Reitz

(Degree or title)

## 22b. ADDRESS

M.D.

VA Hospital, KC. MO.

## 22c. DATE SIGNED

4-19-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

4-22-1963

## 23c. NAME OF CEMETERY OR CREMATORY

FLORAL HILLS

## 23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

## 24. FUNERAL DIRECTOR

MUEHLEBACH

## 25. DATE RECD. BY LOCAL REG.

4-22-63

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Roger P. Reitz

DATE AMENDED

VS 300

Rev. 4/59

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23788

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Robert J. Landes*

Licensed Embalmer No. 5103

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

